



# DISTRICT IV MEDICAL EXAMINER'S OFFICE

*Serving Duval, Clay, Nassau, Hamilton, & Columbia*

## PHOTO RELEASE FORM

Date: \_\_\_\_\_

RE: Decedent: \_\_\_\_\_ ME# \_\_\_\_\_

I, \_\_\_\_\_

(Decedent's surviving relative with Authority – Relationship),

do hereby authorize the release of the above named decedent's photo identification via e-mail to the funeral home listed and under the terms and conditions set forth below, to which the intended Funeral Home must also agree. By my signature, I specifically agree to release the City of Jacksonville and the Jacksonville Medical Examiner's office from any claim of wrongdoing with respect to the release of said photo to the intended funeral home.

Funeral Home: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature (Decedent's Surviving Relative with Authority)

By executing this Photo Release Form

\_\_\_\_\_  
(Funeral Home),

accepts the conditions outlined below for the receipt of decedent's photo identification:

1. Decedent's photo will be encrypted, sent via e-mail, and will only be viewable with a code provided by the Medical Examiner's office.
2. The photo may not be reproduced, unless and to the extent authorized by the Decedent's surviving relative with authority.
3. Pursuant to the Earnhardt Law, Fla. Stat. '406.135, this photo identification is being released to you for identification purposes only and is not to be used for dissemination or any other purpose. In the event the photo is disseminated by you without such authorization, the Funeral Home, its subsidiaries, employees, and/or contract agencies/employees, accepts full responsibility for such dissemination and releases the City of Jacksonville and the Medical Examiner's office from any claim of wrongdoing.

Through my signature below I certify (a) that I agree to conditions set forth above and (b) that I am authorized to agree to these terms on behalf of the above indicated Funeral Home.

\_\_\_\_\_  
Funeral Home Agent and Title

### DIRECTIONS

Should you have any questions, please contact:  
Medical Examiner's Office, 2100 Jefferson Street, Jacksonville, Florida 32206, Phone: (904) 255-4000.

Once this Photo Release Form has been executed by the Decedent's Surviving Relative with Authority and the Funeral Home Agent, please fax to (904) 630-0964 for processing.